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10/23/2002

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Express Mail Label No.: EV251841124US Date of Dep.: January 17, 2003

Thomas E. Watson

(Depositor's name)

Thomas E. Watson

(Signature)

1/17/03

(Date)

EV251841124US

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/169,065	10/09/1998	LESTER L. JARRELL	ADCM-0003	5206

TITLE OF INVENTION: TELEVISION AUDIENCE MONITORING SYSTEM AND METHOD EMPLOYING DISPLAY OF CABLE CONVERTER BOX

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1280	\$0	\$1280	01/23/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
HUYNH, SON P	2611	725-014000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Woodcock Washburn LLP

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Adcom Information Services, Inc.

Deerfield Beach, Florida

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 12

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).

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(Authorized Signature) *Thomas E. Watson* (Date) 1/17/03

Thomas E. Watson, Reg. No. 43,243

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01/22/2003 SMINASS2 00000039 09169065

01 FC:2501

650.00 OP

02 FC:8001

36.00 OP

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